STATE OF CONNECTICUT
OFFICE OF HEALTH STRATEGY
STATE INNOVATION MODEL PROGRAM MANAGEMENT OFFICE
REQUEST FOR APPLICATIONS (RFA) FOR PREVENTION SERVICE INITIATIVE – FOR COMMUNITY BASED ORGANIZATIONS
SECOND Addendum

RELEASE DATE – 03-06-2018

REMINDER: THE DEADLINE FOR THE PREVENTION SERVICE INITATIVE – FOR COMMUNITY BASED ORGANIZATIONS IS FRIDAY, MARCH 9, 2018 AT 3PM.

1. **Question: I was under the impression that YMCA's Diabetes Prevention Program would be eligible for funding through this grant. I thought it would be a perfect fit given the prevention focus of Prevention Service Initiative and also because there are significant cost savings associated with the YMCA Diabetes Prevention Program as well. Additionally, according to the RFA, our program must have:**

    a. **a proven positive impact on health outcomes and health disparities,**

    b. **an ability to improve performance on quality of care measures present in shared savings program arrangements, and**

    c. **a potential to provide a financial return on investment to the healthcare organization**

    As you can see in the YMCA's Diabetes Prevention Program Case Statement provided, there is abundant evidence that YMCA's DPP has a significant positive impact on health outcomes. The YMCA's Diabetes Prevention Program Case Statement provides background on the need for our program, as well as a summary listing the extensive studies demonstrating the efficacy of YMCA's DPP and comparable lifestyle interventions. I'm also attaching a study that was published in the New England Journal of Medicine that concludes: Lifestyle changes and treatment with metformin both reduced the incidence of diabetes in persons at high risk. The lifestyle intervention was more effective than metformin. (N Engl J Med 2002; 346:393-403.) Given that this program has been scaled specifically for the community setting, YMCA's DPP also reduces health disparities by improving access to care.

    Secondly, the addendum states that the Y-DPP does not meet the second and third criteria, however there is ample data to support that YMCA's Diabetes Prevention Program improves performance on quality of care measures. The Centers for Medicare and Medicaid Services defines quality measures as: "tools that help us measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care. These goals include: effective, safe, efficient, patient-centered, equitable, and timely care." (https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/index.html) Our CBO, the Middlesex YMCA, is successful in managing a variety of evidence-based chronic disease prevention programs and has a track record of delivering effective, safe, efficient, patient-centered, equitable, and timely care through these programs. I'm not sure why the addendum would assert that YMCA's Diabetes Prevention Program does not fulfill the second criterion.

    In regard to the third criterion, a study funded by the Centers for Medicare and Medicaid Innovation (CMMI) demonstrated a sizeable return on investment through the YMCA

Diabetes Prevention Program that resulted in the "Certification of Medicare Diabetes Prevention Program" being granted to YMCA's Diabetes Prevention Program. Here is a summary of the CMMI findings:

In 2012, Y-USA was awarded a nearly $12 million grant to demonstrate how an evidence-based prevention program (the YMCA's Diabetes Prevention Program) delivered by a community-based organization can lower the incidence of type 2 diabetes and reduce the cost burden of the disease on the health care system. The award was conducted in 17 communities reaching 7,731 participants in 3 years. On March 23, 2016, Secretary Burwell of Health and Human Services announced the project had achieved cost savings certification from the Office of the Actuary. This is the first time a preventive service pilot funded by the government's CMMI office has been proven to reduce cost and lower incidence of type 2 diabetes. When compared with similar beneficiaries not in the program, Medicare estimated savings of $2,650 for each enrollee in the Diabetes Prevention Program over a 15-month period, more than enough to cover the cost of the program. The YMCA's DPP is now on the path to Medicare coverage. This announcement was published in the New York Times, National Public Radio, Fortune, Politico, and Washington Post.

Please also see the document from CMS attached for specific beneficial outcomes in regard to the biometric data of the YMCA's DPP participants.

Our dedicated team of health professionals at Middlesex YMCA kindly asks the State Innovation Model Program Management Office to thoughtfully reconsider providing support to the YMCA's Diabetes Prevention Program through the SIM Prevention Service Initiative.

I would also like to discuss the possibility of scaling up our Diabetes Wellness Program, which is a program for those already diagnosed with Type 2 Diabetes, with funds provided through this grant. What would constitute adequate evidence for the Diabetes Wellness Program? It is a program that we developed locally here at Middlesex YMCA and we have numerous success stories, documented weight loss, and lowered A1C, but this program has not been formally studied and there is not published data on the Diabetes Wellness Program. Could this program be eligible?

Response: The State Innovation Model team explicitly recognizes the benefits that combined activity promotion programs bring to people with increased risk of type 2 diabetes, based on available CDC evidence of their impact on incidence reduction and cost-effectiveness. Weight loss and reduction of risk is particularly true for programs that use protocols outlined by the U.S. Diabetes Prevention Program (DPP). Therefore, we concur with your assessment regarding the proven and positive impact of DPP on health outcomes.

However, the Prevention Service Initiative relies on healthcare organizations to invest in community-placed programs. Unfortunately, the quality measures and cost savings targets that healthcare organizations are currently accountable for in value-based payment contracts do not reward the outcomes demonstrated by DPP. The current quality measures emphasize chronic disease management, such as A1c testing frequency. Payers do not include measures in their contracts with healthcare organizations related to diabetes prevention. Additionally, healthcare organizations are rewarded for achieving a cost benchmark based on costs avoided. This benchmark is set based on the risk of the patient panel. For example, if a healthcare organization can keep their high-risk diabetic patients from going to the emergency department, they may be eligible to share those cost savings with the payer. However, the costs avoided of keeping a patient from becoming diabetic are not incorporated into this cost benchmark. Therefore, the healthcare organization does not receive a financial incentive to focus on prevention. The cost savings that result from DPP accrue to the payer (e.g., Medicare). The task of convincing a healthcare organization to pay for DPP is therefore more challenging. We are aware of this problem in our health system and are working to address it through our separate Health Enhancement Community Initiative.

If your organization currently operates a diabetes self-management program focused on individuals currently diagnosed with diabetes, we encourage you to apply. Please ensure that the application highlights the evidence-basis and protocols for this program.

2. **Question: My question is about the evidence of qualified entity and the sanction part of the transmittal letter. Is this to be a separate letter or just simply an attestation in terms of the disclosure? And it seems almost like the evidence of qualified entity is a separate letter that comes from our legal counsel or our town attorney?**

   Response: Please provide a separate document for the **Evidence of Qualified Entity** requirement, and refer to the document in the body of the transmittal letter. The **Sanction – Disclosure** requirement can be met by attesting to it within the body of the transmittal letter.